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CONFIRMATION NO. 4564

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|-----------------------------|--|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 10/720,550 | FILING OR 371(c) DATE 11/24/2003 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 9/269 |
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APPLICANTS

Ulrich Walter Drees, Ingelheim, GERMANY;
 Douglas Lytle Mayers, Newtown, CT;
 Scott McCallister, Westport, CT;

**** CONTINUING DATA *******

This appln claims benefit of 60/433,679 12/16/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 08/19/2004

| | | | |
|---------------------------------|--|-------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | |
| Verified and Acknowledged | Examiner's Signature Initials | | |
| STATE OR COUNTRY GERMANY | SHEETS DRAWING 0 | TOTAL CLAIMS 3 | INDEPENDENT CLAIMS 1 |

ADDRESS

28518

TITLE

Treatment of HIV infection through combined administration of tipranavir and capravirine

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| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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